

WHERE lifeHAPPENS

Booking Form Life Care Health Consultancy FZCO Group Wednesday 11 October 2017 to Saturday 14 October 2017 The Address Dubai Mall

Please use CAPITAL letters and email to groups@theaddress.com

DEADLINE FOR HOTEL BOOKING: On or before 1th September 2017, there after all rooms will be released

Hotel Room Reservation Details									
Last Name:	First Name:	<u>.</u>							
Company:	<u>.</u>								
E-mail (block letters please): :		<u>.</u>							
Accompanying Person Details: (if sharing the same room only)									
Last Name:	First Name:	<u>.</u>							
Room Rate									
Run of House Single Occupancy Run of House Double Occupancy	AED 1415.00 AED 1510.00								
The above room rates are per room per night inclusive of breakfast and 10% Service Charge, 10% Municipality Fee and subject to Tourism Dirham Fee of AED 20 per bedroom per night.									
Check-in Date:	Check-out Date:	<u>.</u>							
No. Of Rooms:	Single:	Double: .							
Please note that check in at all hotels is 1500 hrs a available upon arrival, please reserve the room from		. Should you want your room to be							

For visa applications, the visa charge is at AED 550.00 net per person. Kindly advise our central reservations at groups@theaddress.com should you need this service.

Hotel: Please note that hotel bookings are processed only if credit card details are provided. Should you not have a credit card, your room will be on request basis, and will be confirmed by the hotel only upon receipt of full payment. Life Care Health Consultancy FZCO will not be responsible if the hotel is unable to hold or cancels your room if credit card details are not received on or before 1st September 2017. Once the form is received, the hotel will consider this as a confirmation of the booking and in case there is no show or a cancellation after this date, full length of stay will be charged.



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Credit Card Details	;						
I agree that my cre non-arrival.	dit card in	ıformation ı	will be forward	led to the hote	I for guarantee	e purposes in c	ase of cancellation
		Visa		Master		Amex	
Card Number: Expiry Date: Name Of Cardhold	ler:	<u> </u>					<u>.</u>
I have read and accinformation.	cepted the	e hotel roor	m rates, hotel	cancellation p	olicy, and hote	el booking proc	ess and visa
Date:			Signature	of Cardholder:	:		<u>.</u>
Flight Details							
Arriving Flight No:			Date:		Time:		<u>.</u>
Departure Flight No:			Date:		Time:		<u>.</u>
Airport Transfer:	YES:		NO:				
Our Hotel limousine of International Airport a 3 people can be accounted the airport, or the hotel	and for a nommodate	maximum o ed in one ca	of three guests ar, and only up	s in a car. (As poto to two medius	oer Dubai Tran	sportation regu	ılation, a maximum

Comments/ Special preferences (If any):